

ENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

William D Reynolds
7013 State Route 221
Georgetown, OH 45121

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

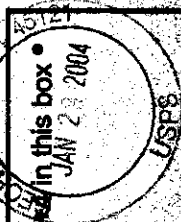
2. Article Number
(Transfer from service label)
7003 0500 0002 0889 9599
Domestic Return Receipt
PS Form 3811, August 2001

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP code in this box •



OFFICE OF THE CLERK
U.S. DISTRICT COURT
Rm. 326, U.S. Courthouse
5th & Walnut Streets
Cincinnati, Ohio 45202

815
C-1-01-877 (Doc 77)